




CUENTOS

A COLLECTION OF ART FROM THE INTERNAL
MEDICINE RESIDENTS AND ATTENDINGS AT GW

2017



“ART WASHES
AWAY FROM
THE SOUL
THE DUST
OF EVERYDAY
LIFE.”

PABLO
PICASSO

Sunset at Morro Bay, California, by Angela Ryan, M.D. 3rd Year Resident

Letter from the Editors

Welcome to Cuentos 2017! It is our pleasure to debut the ninth edition of the humanities magazine produced by the George Washington University (GW) Medical Faculty Associate's Division of General Internal Medicine.

Last year, we experienced the departure of our fearless faculty leader, Adam Possner, M.D. We were crushed. Dr. Possner had been the driving force behind our magazine for years, responsible for breathing life into our residents' vision to remind us that we are people first, doctors second. When he left, the fate of the magazine was unclear. Would we even have another edition? We knew we needed help.

We expanded. Now a group of eight resident editors across all three postgraduate years, we grew some muscle. And all of us are thrilled to announce our new faculty leaders, Maram Alkhatib, M.D., assistant clinical professor of medicine at the GW School of Medicine and Health Sciences (SMHS), and Katalin Roth, M.D., J.D., associate professor of medicine at SMHS. This team has worked together to produce what you have in front of you. We edited through night float rotations, critical care rotations, full clinic days, and even vacations to keep Cuentos thriving. Let us tell you, it was worth it.

We are so proud of the magazine you are

holding today. Having new members as a part of our team has led to fresh perspectives and enthusiasm. This ninth edition features 46 pieces by 41 contributors. These people are artists, photographers, writers, poets — they just happen to be health care professionals too! They have taken us to snowball fights, on board planes, to meet a jaguar in the jungle, to glaciers in Patagonia. They have shared stories about music, about mom knowing best, about meeting your heroes.

These experiences are reminders of what makes us human. We truly believe that art strengthens the connection between patient and provider, and this collection of pieces offers us a glimpse at the people behind the prescriptions. What we see brings us closer to each other.

Thank you for your continued support. We are so grateful to be a part of this magazine. Now it is time to turn the page.

Sincerely,

Vani Pyda, *PGY3*
Faryal Osman, *PGY3*
Lauren Choi, *PGY2*
Talia Bernal, *PGY2*
Tushina Jain, *PGY2*
Sivateja Mandava, *PGY2*
Seemal Awan, *PGY1*
Ralph Linwood Millet, *PGY1*

On the Cover



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By Adam Possner, M.D., General Internist, Rockville, Maryland, previous editor of *Cuentos*. Photograph taken at Avalon Peninsula, Newfoundland, August 2016.

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Letter from the Chair



Alan G. Wasserman, M.D., M.A.C.P.
Eugene Meyer Professor and Chair
Department of Medicine
The George Washington University
School of Medicine and Health Sciences

Given all that has happened this year, more than ever we need a distraction from the ugly. If by perusing this magazine of the arts you are distracted from the real world, if only for a few minutes, then we have accomplished our mission.

Who would have thought in a year that Bob Dylan won the Nobel prize that we would be faced with a government such as we have today?

*"Now you don't talk so loud
Now you don't seem so proud...
How does it feel, how does it feel
To be on your own, with no direction home"*

So no matter if you thought Dylan deserved the Nobel Prize for Literature or not, you have to admit that many times he got it right: "The

Times They Are A Changing." How prophetic was he?

He predicted the immigration crisis: "Yes, and how many years can some people exist, before they're allowed to be free?"

The Health Care debacle: "Yes, and how many deaths will it take 'till he knows, that too many people have died?"

So turn the pages with me and take your mind off the now. This humanities magazine is produced by the talented individuals that make up our medical community. Let them WOW you with their talent, or as Dylan would say, "Take me on a trip upon your magic swirlin' ship."

Couldn't have mumbled it better myself.



BEYOND THE WATERS

“TRAVELING –
IT LEAVES YOU
SPEECHLESS, THEN
TURNS YOU INTO A
STORYTELLER.”
IBN BATTUTA

By Benjamin Plotz, M.D. *1st Year Resident - see page 19*

Four-Eyed Sunset Over the Indian Ocean *Bali, Indonesia*

I have an amazing travel partner in my friend, Sarah, with whom I trained in residency. We try to take an annual trip, during which we remind ourselves of the importance of friendship, relaxation, slowing down, and eating well. In Bali, we saw both sunrises and sunsets over the Indian Ocean — often in the same day. I took this photo through

my prescription sunglasses while watching the sunset. While we share one world, we interpret it as individuals through the lenses of our own experience.

Jillian Catalanotti, M.D., M.B.A.
*Associate Professor of Medicine,
Director of the Internal Medicine
Residency Program*



Dusk *Left*
Boquerón, Puerto Rico
By Marijane Hynes, M.D.
Associate Clinical Professor of Medicine



10th Anniversary Moon

Trinity, Newfoundland

By Adam Possner, M.D.

*General Internist, Rockville, Maryland,
previous editor of Cuentos.*

Sunrise and Sunset

Santorini, Greece

By Tushina Jain, M.D.

2nd Year Resident

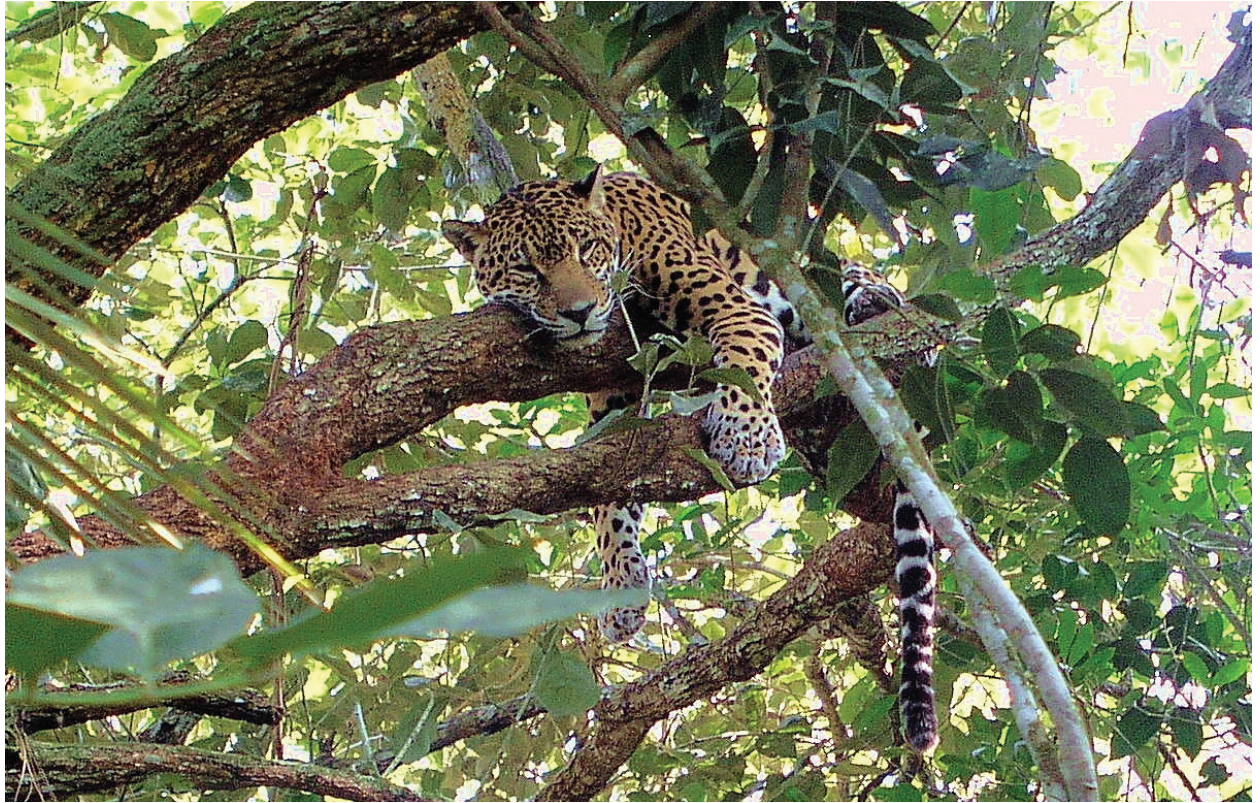
Last summer I traveled to Santorini, Greece.

I took this photograph on a hike that I started at 5:30 a.m., just as the sun was rising over the city. The hike was a 10-mile trek along the rim of the caldera from Fira to Oia, the two main towns of Santorini. The many photographs I took do not do justice to the breathtaking views of the volcano, coastline, white-washed villas, and countryside. With hardly any tourists or even natives out and about during the early morning hours of this hike, the entire city was a vast expanse of nature, history, and beauty, witnessed in crisp silence and serenity.





Santorini is known for both its stunning sunrise and sunset. In this painting, I depicted a typical blue domed church, an iconic feature of Santorini, at sunset as a tribute to this unforgettable trip.



Jaguar, I Spy, Camouflage

This is a fully mature jaguar photographed in Central America several years ago. The beauty that nature provides to this powerful animal in its naturally camouflaged setting is striking. It seems to say to the beholder: look and enjoy, but do not touch!

Edward J Galbavy, M.D. '76, Ph.D. '77, RESD '78
Ophthalmologist in Pensacola, Florida



The Hunter and The Hunted —
Each on a Lookout, But for Different Purposes
Gir Forest National Park, India

By Shivangi Vachhani, (formerly Pandya), M.D., RESD '14
Endocrinologist, Leesburg, Virginia



As a tree must grow
Out the wall of a building
Surely, I will thrive.

By Chavon Onumah, M.D., M.P.H.
Assistant Professor of Medicine

Frozen in Time

Havana, Cuba

This is one of the thousands of functional American cars that remain in Cuba, there since the Cuban Revolution in the 1950s.

Bonita Coe, M.D., M.B.A.

*Medical Director at Medstar Medical Group
Waldorf, previous Associate Clinical Professor
of Medicine at GW*





Cappuccino, Colleagues, and Countryside Beauty

Assisi, Italy

Each year, I co-lead a retreat for health care professionals called “The Art of Presence” in Assisi, Italy. This past summer, we met a group at the San Francesco Café, where we had cappuccinos and pastries. I took this picture of the Basilica of Saint Frances through the open window of the cafe.

Christina Puchalski, M.D. '94, RESD '97

Professor of Medicine and Health Sciences in the Division of Geriatrics and Palliative Medicine, and Director of The George Washington Institute for Spirituality and Health (GWISH)

Feeding Body and Soul

By Sarah Alsamarai, M.D.

1st Year Resident



Grape Leaves from Jerusalem

While walking through the Old City of Jerusalem, I encountered a woman sorting through a basket of freshly picked grape leaves. They reminded me of my family. Growing up, I remember rolling grape leaves, or waraq inab, with my family. I delighted in trying to perfectly shape each grape leaf with rice and pine nuts, and then neatly fold each structure. Inevitably, the grapeleaf and its contents would always fall apart into my still-growing hands.



Chopsticks

In 2012, I visited Taipei, Taiwan, for about two weeks, which was not nearly enough time to explore everything that the small, but vibrant country had to offer. During my free time, I enjoyed exploring the night markets with my American and Taiwanese classmates, where we could get everything from small trinkets to “stinky tofu” and everything in between.



View from St. Elias Church

Hadchit, Lebanon

Growing up, my father always told us how beautiful Lebanon was. And my typical response was to roll my eyes. It wasn't until I was older and had the chance to see for myself that I realized what he was talking about. The mountains and valleys pictured here served as a refuge for populations dating as far back as the third millennium B.C. As difficult as it can be to reach this part of the country, I always find the travel worth it.

Natalie Nicolas, B.S.

Registered Dietician, Department of General Internal Medicine



Damascus

By Sarah Alsamarai, M.D.

1st Year Resident

In 2010, I had the great fortune of traveling through several countries in the Middle East and Europe when I received a Fulbright grant to Jordan. One of my favorite cities was Damascus, especially the Old City neighborhood. Damascus was founded in the third millennium B.C., and is believed to be the world's oldest continuously inhabited city. My memories of walking through the Old City are

some of the happiest of my life — surrounded by incredible history, art, bustling markets, and lively people.

Walking down the street, the words of Mark Twain resonated with me. “Go back as far as you will into the vague past, there was always a Damascus. In the writings of every century for more than four thousand years, its name

has been mentioned and its praises sung. To Damascus, years are only moments, decades are only flitting trifles of time. She measures time, not by days and months and years, but by the empires she has seen rise and prosper and crumble to ruin. She is a type of immortality... Damascus has seen all that has ever occurred on earth, and still she lives.”



Beauty of Nature and the People of South Africa

South Africa

This past October, I presented at a meeting on Spiritual Care in Health Care in Cape Town, South Africa. Among the topics was how to deliver holistic and spiritually centered care in resource-poor areas. These African penguins resting at Boulders Beach show the natural beauty innate to South Africa. The people at the conference shared their inspiring stories of patient care and showed us the amazing sites of Cape Town. The beauty of nature and the generosity of the people from this land demonstrated to me how much compassionate care is thriving in this region.

Christina Puchalski, M.D. '94, RESD '97
*Professor of Medicine and Health Sciences
in the Division of Geriatrics and Palliative
Medicine, and Director of The George
Washington Institute for Spirituality and Health
(GWISH)*

Perito Moreno Glacier, Los Glaciares National Park

Patagonia, Argentina

Right

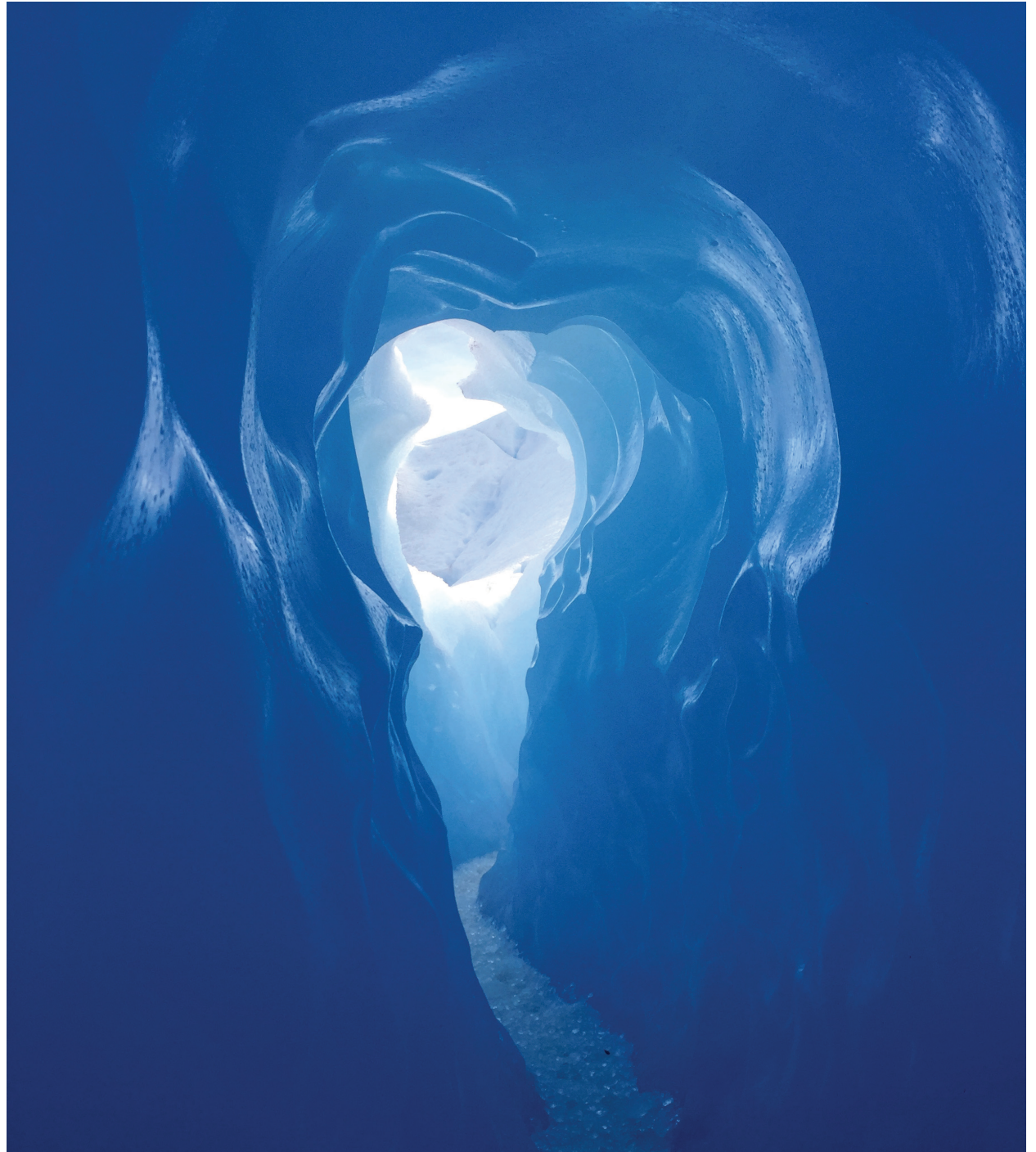
Glacial water carves out ice that has been frozen for hundreds of years, including this tunnel of ice we hiked through. When water is frozen and unfrozen over years and thickens enough, it will gain optical properties to make it appear blue instead of translucent or white.

Image on page 5

We hiked for hours on top of one of the few remaining expanding glaciers in the world. Glaciers are a living thing, with veins of water running through them, and constantly evolving and remodeling blue ice. It felt like walking in a frozen desert, with great dunes of ice surrounding us.

Benjamin Plotz, M.D.

1st Year Resident





Pacay

Lima, Perú

When I travel, I love to go to the local markets. There is something so genuine about the experience, and it gives a unique view into the culture. This picture was taken while my uncle introduced my husband to pacay in Lima, Perú.

Talia Bernal, M.D.
2nd Year Resident



INTERNALIZING MEDICINE

“WHEREVER THE ART
OF MEDICINE IS LOVED,
THERE IS ALSO A LOVE
OF HUMANITY.”
HIPPOCRATES

Hiking in Peru by Benjamin Plotz, M.D. *1st Year Resident*



Physician Heal Thyself

By Sylvia Gonsahn-Bollie, M.D. '10,
RESID '13, Chief '14

*Primary Care, Obesity Medicine,
Richmond, Virginia*

In 2015, I started running as a way to connect with my patients and to improve my health. I was tired of teaching without living by my own advice. I started with a 10K and gradually increased my distance. In November 2016, I completed the Richmond Marathon, 26.2 miles. Running and healthy living keeps me connected to my past, present, and future.

Past: As I run freely through the former Confederate capital, I connect with the past. I am grateful to those ancestors who made it possible for me to run wherever I want today.

Present: In addition to connecting with my patients, I find running frees me from the daily stress. During tough days, I look forward to ending the day with a calming run.

Future: I feel more in control of my health by doing what I can to decrease my risk of preventable disease.

I share this story in hopes that everyone may find a physical activity they are passionate about. In a profession where we give so much to others, we must make time to invest in our own health. ■

Meeting Your Idols

By Sripooja Satya, M.D.

2nd Year Resident



We had a special site visit with the Director of the National Institutes of Health (NIH), Francis Collins, M.D., Ph.D., and the director of the National Institute of Allergy and Infectious Diseases (NIAID), Anthony Fauci, M.D., to demonstrate how the wards worked and how the unique resources of the NIH have been helping these patients with rare diseases. As the directors, they then go to members of Congress to discuss health policy and research funding. As residents on the NIAID ward team, we have the unique opportunity to work with physician scientists and see how clinical trials work to create the

recommendations and guidelines that the NIH provides to influence health care in the country.

The George Washington University residents on the team when this picture was taken were Dana Kay, Sripooja Satya, and Lauren Choi. This picture shows the various layers of care that are provided by nurses, pharmacists, physical therapists, social workers, the research protocol team, research fellow, ward fellow, residents, and ward attending physicians for each patient.■



Cancer Sucks

By April Barbour, M.D.

Associate Professor of Medicine, Director, Division of General Internal Medicine, Director, Primary Care Residency Program

I started wearing this pin about a year ago, and the reactions I get are interesting. Some people laugh, some nod knowingly, and some are a little shocked. One of my colleagues even accused me of having a “potty mouth.” I picked this pin up at a conference on cancer survivorship for one of my friends who was being treated for breast cancer. She loves it and wears it often; I wear it in solidarity with her and all those I know who are battling cancer. I think most people touched by cancer — either personally or through family or friends — agree with this statement.

Working with the George Washington Cancer Center, I have had the opportunity to become more involved in cancer survivorship over the past several years. As a primary care physician, I think general internists are well suited for taking an expanded role in survivorship

care by working alongside the oncologists once treatment is over, addressing the late and longterm effects of treatment that people often develop. In our Survivorship Clinic, we create individualized care plans based on the cancer and the treatment received so that each patient knows what to look out for and how to be monitored. We ask about symptoms that may be affecting quality of life — physical, mental, spiritual — and begin treatment or refer to specialists who are experienced in the care of cancer survivors. Perhaps most importantly, we focus on how to live a healthy life going forward.

We primary care physicians do this for all our patients depending on their needs, which is why I know we will excel in the field of cancer survivorship too. The numbers are encouraging — more people are surviving cancer every day! Cancer sucks, but life after cancer doesn’t have to.■



When the Dust Settles

By Andrew Myers, M.D., RESD '14

Assistant Professor, General Internal Medicine, University of South Florida

I am standing outside of an Ebola Treatment Unit in Kono, Sierra Leone, with one of my good friends, Gabriel Kamara. He worked with me in the Ebola Treatment Unit in Port Loko, Sierra, in early 2015. At that time, it was regarded as the most dangerous place to live in the world due to the high Ebola incidence. We worked 8-12 hours shifts taking care of patients who had contracted Ebola.

After the Ebola outbreak ended, I stayed in Sierra Leone for a year working on health care infrastructure to prevent another outbreak of this magnitude and worked in a government hospital with Ebola survivors. The health care system is still broken, maternal mortality is the highest in the world, and even Ebola survivors are not able to get the medicines they need from the government. The Ebola outbreak may have ended, but these extraordinary people still struggle daily, living hand to mouth. If you would like to know how you can help Gabriel and Ebola survivors, please contact me at andrewmyersmd@gmail.com■

Before and After: The Healthy Face of a Sick Patient

By Niharika Tipirneni, M.D. '12, RESD '15,
Critical Care Fellow at Stanford University

It's 3 a.m. I'm on a 24-hour call in the intensive care unit ICU. I receive a phone call from the emergency department about a sick patient; he is having respiratory distress and needs to be put on the ventilator to help him breathe. I rush to the emergency department, help with the resuscitation, bring him to the ICU, and get him stabilized.

Once things settle down an hour later, I finally have a chance to breathe more comfortably myself and sit down to look through the patient's medical chart in the computer properly. I double-click on his name, and the chart opens. My eyes zero in on a component of the chart I'm not used to seeing: a man's smiling face. First, it takes me a few seconds to even realize this is the same person lying in the bed. His face is fuller. The man I just admitted is cachectic, his bony frame barely a hundred pounds. The face in the picture looks happy. The gentleman I revived had his brows furrowed with pain and discomfort. He's no longer frowning with morphine running through his veins, but he's far from that contented picture I look at now.

My previous work institution didn't have patients' pictures as part of the chart. The only snapshot of my patients I had before was of their uncomfortable faces as they struggled to breathe, or terrified faces as they vomited blood, or lifeless faces as they had a cardiac arrest. I didn't know them before they experienced these life-changing events. My brain captured their images while they were at their worst, and if

they survived, I would sometimes see their recuperating faces for a brief second before they were shipped off to the general ward to make room for yet another distressed face. I didn't think about the before

and after. I didn't know them when they were healthy. Developing a long-lasting doctor-patient relationship with my patients wasn't something I was looking for in my medical career. I took care of my incredibly sick patients; I just didn't know my patients, and I was okay with that. It sounds like a callous thing to say, but when I see patients on the verge of death day after day, it helps to focus on the medicine rather than the personality behind the dying face in front of me.

But now, in this moment, I can't avoid it. I stare back at my patient's joyful face in the photograph. I wonder when this was taken — Was he married? Was he a father? He was at least 50 pounds heavier. Was this weight loss sudden and due to an illness, or was it from depression due to life circumstances?

Would he ever get back to looking like that picture, a strong man with an infectious smile?

I go back to his room and look down at his more comfortable, calm face, the breathing tube coming out the side of his mouth. All I think of now, though, is his plump, smiling face. I know what the before looks like; it's nothing like the current. But I'm going to do everything in my power to make sure his after is as close to the before as possible.■

***My eyes
zero in on a
component of
the chart I'm
not used to
seeing: a man's
smiling face.***

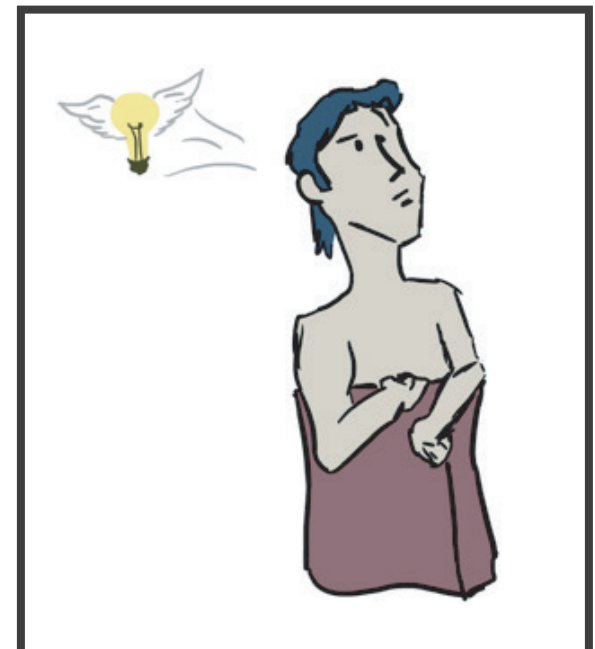
RANDOM HOUSE COMICS PRESENTS: THE SHOWER



I FEEL SO RELAXED, THIS WARM WATER REALLY HELPS THE NERVES. I THINK I KNOW A FASTER ROUTE TO GO TO WORK THROUGH THIS MORNING. MY BOSS LIKES SCONES, I SHOULD GET SOME ON MY WAY. I AM A GREAT GUY, AIN'T I.



I GOT IT!! I KNOW HOW I CAN CURE AND PREVENT THE SPREAD OF HIV! CURE CANCER! I THINK I KNOW THE SECRET OF LIFE AND THE ANSWER TO WHY WE ARE HERE!! I JUST NEED TO GET OUT OF THIS SHOWER AND WRITE IT DOWN!



I HAVE NO CLUE WHAT I WAS THINKING ABOUT IN THE SHOWER... PROBABLY NOTHING IMPORTANT.

2014

By Abdulhameed Al-Sabban, M.D., RESD '14
Gastroenterology Fellow at Georgetown University

ACS, a Story from the Heart

Created while on the cardiology (gold) team

By Sam Ober, M.D.

2nd Year Resident

and Nick Dallas, M.D.

3^d Year Resident

Heart ... beats ... lub-dub ... whooosh!
It hurts ... so badly ... help me.
It feels like last time.

I Wish I Knew

By Lauren Choi, M.D.

2nd Year Resident

I wish I knew
When I started this path in medicine
How it would weigh on me;
Eat away,
Beat me up,
And tire me to my core

Thinking of every patient
Long after leaving the hospital

“What did I miss?”
“What did I order?”
“What didn’t I order?”
“Should I have asked for help?”

Fatigue is the only thing
that puts my mind to rest

But even as the new day begins,
The unbearable yoke
Of another person’s livelihood
Weighs on me
Pushing me deeper into the mud
With every step I take

I wish I knew

The Elegy of My Illusions

By Kusha Davar, M.D.

2nd Year Resident

Oh, the responsibility is great,
And the perfection even greater.
So confident with skills,
While ready to utilize such every day.
But when I wake from this dream,
I realize the journey ahead,
And finally open my eyes.
For it is the mistakes we make,
When healing our patients,
That heals our soul,
And fights the battle within us.
Because without this feeling of fallibility,
My soul is lost.



HEAR T AND SOUL

"YOU CANNOT FIND
YOUR SOUL WITH
YOUR MIND, YOU MUST
USE YOUR HEART."
GARY ZUKAV

"Sometimes the most beautiful things are right beneath your feet. All you need to do is look down."

Taken near Harpers Ferry, West Virginia by Brad Moore, M.D., M.P.H. '95
Associate Professor of Medicine, and of Physician Assistant Studies

Windows

By Homan Wai, M.D., RESD '09

Hospitalist and Clerkship Director INOVA

Fairfax Hospital

The moonlight illuminated the bed as I lay awake. It was by this window that I first heard the sound of silence.

...

When I was young, my family rented an apartment on the 11th-floor of the Lai-Kee building, where arguably two of the busiest streets in Hong Kong, Nathan Road and Waterloo Road, intersected. I had long been accustomed to falling asleep while hearing the rushing sounds of cars and the sirens of fire engines while watching the window silhouettes dance across the ceiling as cars moved by. When we spent the weekends at my grandparents' house in the countryside, the silence often kept me up at night. Through the window, the mid-summer breeze would occasionally deliver a chirp of a cricket, a purr of a wandering cat, a few barks from our family dog, and when my imagination ran wild, even the shrill laughter of a witch. Eventually, I would drift into a blissful dreamland where exciting memories of the day's past would swirl with the anticipation of the next day's adventures.

Decades ago, when my grandparents and their three children settled in Hong Kong, my grandfather leased a piece of land in the New Territories and built this house from the ground up. To this day, I have no idea how somebody



with a career as a reporter had the know-how to build a house. But there it was – concrete walls, windows with iron frames, and sheets of metals on the roof and the exterior facade. From the original small dwelling that was constructed in the 1960s, it steadily expanded into a home that sat on a slight incline, with an upper section and a lower section, separated by thousands of orchid flowers, which were hand-picked daily and delivered to the market by Grandpa and sold wholesale. At one point, the property housed my grandparents, my great-grandmother, and the two families of my aunt and my uncle. 阿旺 (Ah Wong), our family dog, as well as a gang of wandering cats, made their home in the courtyard and enjoyed twice-daily meals prepared by Grandpa. The house was secluded from civilization, as it sat on flat land below the backdrop of small mountains and was separated from the main two-lane road by a winding path across the Lam Tseun River. During rainy season, the river could flood to a level that would make the bridge impassable. As a matter of fact, the original bridge was destroyed by rushing water many years ago.

By the time my older sister was born, my parents had already been living in an apartment of their own. Eventually my aunt, my uncle, and their respective families also moved into their own respective apartments. But during the weekends, everybody would gather for a family meal at my grandparents' house. While the adults were busy washing,

chopping, steaming, and stir-frying a delicious feast, my sister, my two cousins, and I would engage in epic adventures around the house. This is the house where we jumped on my aunt's bed singing the songs of my sister's favorite pop a courtyard with a fire pit in the middle. Surrounding the house were dozens of white champaca trees, out of which grew idol; this is where my uncle would give us haircuts, including the time when he accidentally nicked my ear and I cried; this is where we would wage our campaign against Grandpa's tobacco habits, putting up hand made anti-smoking posters on every wall possible; this is where,

according to family legend, I once scared everyone by climbing up the window as a toddler while no one was looking.

I especially remember the window to the right of the front door, through which we would yell 開門! (open the door!) while excitedly anticipate the start of another fun weekend. We would have to yell loudly and repeatedly, as Grandma and Grandpa would always be busy in the kitchen preparing turnip cake, steamed fish, or any of our favorite dishes. Eventually, we would see one of their beaming faces coming around the corner as they said 返嚟啦?



(you've come back?). If we were the first family to arrive, I would periodically glance at a narrow horizontal window near their bedroom where passing silhouettes could hint the impending arrival of my aunts, uncles, and cousins.

Occasionally, we would enter the house via a rusty side gate. We would pass by a window where Grandpa could often be spotted in bed reading the daily newspaper. We would be greeted by our family dog as we entered the courtyard (after Ah Wong passed, came Wou-Wou, Pizza, Dong Dong, and now Donald and Ding Ding). It would not be unusual for the dogs to be mischievous and bolt into the house while we opened the door to greet Grandma in the kitchen. Every time, Grandma would yell 打死! (I'll whack you) and would chase him back out. We would always be amused at the scene. Afterward, we would find something to feed the poor dog that was denied the delicious food. Many years later, Donald the golden retriever would enjoy a tradition of 拜拜包 (bye-bye bread) through the window gate by the family ancestral altar, where his salivating mouth would be greeted by day-old bread from the bakery.

...

A little more than a year ago, I was in the garage putting the finishing wax on my car when I was summoned upstairs. I saw my parents, who were visiting at the time, sitting on a bench by the window of our townhouse. While Dad was on the phone listening intently, Mom told me that 爺爺走走 (Grandpa passed

away). Apparently during the early hours of that cold morning, Grandma heard some sounds coming from him in his sleep. When she went over to check on him, he was already unresponsive. Resuscitation was attempted by the emergency personnel, but he never came back to us. Grandpa died at the age of 97. Despite his advanced age, he was actually relatively healthy and only suffered from gout, mild diabetes, and backaches in his later years. My medical brain tells me that the most likely diagnosis was a sudden and fatal arrhythmia possibly related to myocardial ischemia; my cultural brain reminded me of the accelerated

aging process in his later years, exacerbated by a fight he lost to keep the house he built.

A couple years prior to Grandpa's death, the landlord passed away. After that, his heirs made the decision to reclaim the land in order to sell it to developers. Grandpa and his children tried everything, including an attempt to come up with a sum of money to purchase the land from them. At one point, Grandpa even vowed to occupy the house until somebody would remove him by force. In the end, we knew that the fight was futile, as the owners already made a decision that would not





the courtyard where the fire pit still stood with decades-old clothes lines crisscrossed above. From there, I could see the living room window, by which Hospitalmy grandpa would have been laying on a couch watching the evening news or the latest drama. I ran my finger down the glass panels of a storage room window, by which still stands the ping-pong table where my cousins and I once tested our legendary moves on each other. I picked the rust off the kitchen window where so many delicious family meals had their inception. I even took a picture of the window where my cousins and I tried to flush a Captain America figurine down the toilet to hide the fact that we dropped it in there by accident.



be easily swayed. My dad and his siblings built my grandparents a sturdier, more state-of-the-art dwelling nearby. The move-in, however, was more sullen than celebratory.

My sister and I both flew back to Hong Kong to attend the funeral. During my stay, I went by the old house a few times to take some pictures and videos for keepsake. I entered through the familiar rusted side gate, past the white champaca trees that were left unpicked since my family had moved out, past the window by which Grandpa would have been reading his newspaper in bed, and entered

During these nostalgic break-ins, my sister and I salvaged what we could that were valuable keepsakes: red paper on the wall containing Grandpa's calligraphy celebrating the Chinese New Year, the piece of wood on which was scored the markings of our heights throughout the years, a crushed ping pong ball, and a bottle of 花露水 (Floral Water). My dad told me that the house is still there these days. Though its fate is certain, I relish the thought that every day, people still walk past the window to the right of the front door, where Grandpa, with his face beaming, would come around the corner saying 返嚟啦?■



Ode to Juls

By John Glenn Tiu, M.D.

2nd Year Resident

Welcome to the world
Happiness and love you bring
A new chapter starts



Contentment

By Maram Alkhatib, M.D.

Assistant Clinical Professor of Medicine

She is my main source of
anxiety, belly laughs, fear, love,
exhaustion, and joy. She is my
greatest achievement.



My Joys in the Horizon

By Chavon Onumah, M.D., M.P.H.

Assistant Professor of Medicine

While on a hike in Shenandoah Valley with my family on a beautiful fall day, I was able to capture this priceless moment between my husband and sons — my joys.



Now I Lay Them Down to Sleep

By Betsy Kidder, M.D.

3rd Year Resident

Now I lay them down to sleep
Exhausted, heavy, bodies seep
Into white sheets with limbs entwined
Soaking up each breath, unwind.

Up before dawn, out the door
Silence, do not creak the floor
Let them be, let them grow
Don't disturb, don't let them know

That they won't see me for two days
I am 'on call', no, I can't stay
To drop you off, to watch your play
To laugh with you, to feel my shame.

For I have important work to do,
Learning, healing, listening to
People, families who need me, too
I tell you this, does it get through?

Your young hearts claim you understand
Yes, mom, you helped a man
Was he sick, what did you do?
Tell us please, we forgive you.

Home at dark, I sneak upstairs to
Two warm bodies and teddy bears
I find my space, settle in
Let them rest, breathe them in.

Now I lay me down to sleep
Exhausted, heavy, bodies seep
Into warm sheets with limbs entwined
Soaking up each breath, unwind.

They Chains Are Heavy

By Sivateja Mandava, M.D.

2nd Year Resident

They chains are heavy
They ones you won't let go of.
Like the anchor to the boat

They chains are heavy
They ones that wrap around you,
Like a python hugging close

They chains are heavy
They ones that pull you under
Like ragweed round the ankles

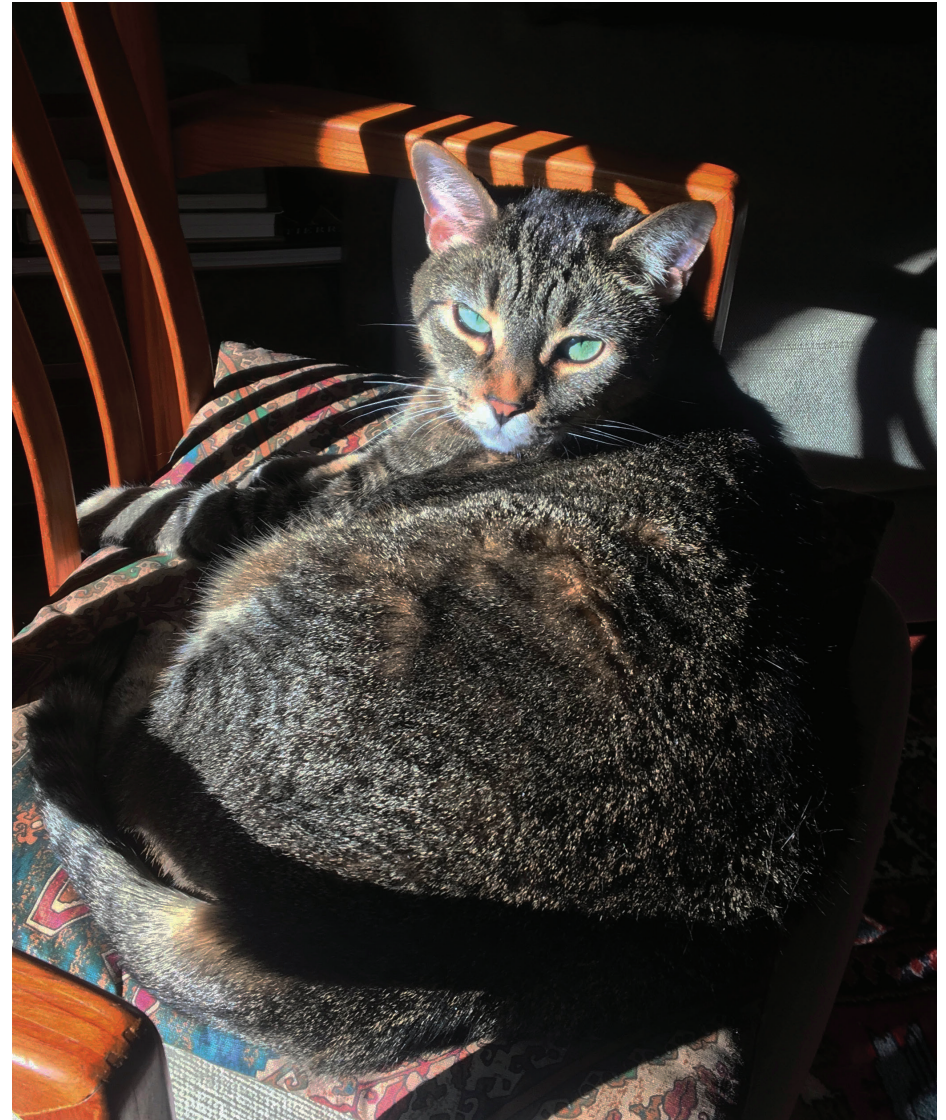
Heavy chains they snare you
The ones you choose to clutch
Like the fool would hold the dunce

Heavy chains they freedom
Ties it to the keel
Of a sinking Bermuda ship

Freedom from they heavy chains
Untangle knotted shackles
Of dreams just out of reach

Freedom from they heavy chains
Grace lifts you as a choir
Of songs above the canopy

Freedom from they heavy chains
Unburden all those weights
Of responsibilities unbent -
They vows they are unbroken



Queen on Her Throne

"I work so that my cats can live in the lifestyle that they have grown accustomed to."

Gigi El-Bayoumi, M.D., RESD '88

Professor of Medicine, Founding Director, Rodham Institute



My inspiration for fashion comes from the elements of the world and life itself.
Fashion lives inside all of us; all you have to do is find it within yourself.

By Cindy Lovoz
Division of Hospital Medicine

Arranged

By Janki Ghodasara, M.D.
1st Year Resident

“Feminism isn’t about making women stronger. Women are already strong. It’s about changing the way the world perceives that strength.”

— G.D. Anderson

Despite all the blatant ignorance and bigotry that still exists today, I’ve been inspired by the camaraderie I’ve seen recently. I wanted to share this piece my talented little sister, Radhika Ghodasara, wrote in solidarity with all the women who have ever defied stereotypes, blazed trails, and never settled. *Opposite page*

30,
the unmarriageable threshold,
before which mummy and papa rush,
and aunties and uncles hush,
rapid rumors of the faceless boy
with the med school diploma.

Strange e-mails from boys' fathers,
stranger dates,
in which the only chemistry that exists
is on a transcript.

Timeless tradition verses
shameful taboo,
an eschewed idea of a future,
mandated,
with no man dated.
Magazine ads,
as if it were that easy.
Suitors and set-ups
and career-feared mess-ups.

You must be a Dr.
and also a Mrs.
Hurry,
your time is ticking,
your future is flicking
you off.

The only thing
that'll be arranged at my wedding,
are the bouquets of flowers,
and orchestrated noise,
and the pride in my power of choice.



Collaged Rotundas

By Jennifer Schwenk, M.D.

2nd Year Resident

For me, attending the University of Virginia (UVA) was one of the pinnacles of my life, especially since it is where I made some of my lifelong friends. Many former students, myself included, married other UVA alumni, and we hold a special place in our hearts for the nostalgia of Charlottesville. The Rotunda is a

major symbol of the university, and whenever I attend the wedding of a UVA couple, I paint them a picture of the Rotunda as a reminder of our friendship and that amazing time in our lives. Here is a sampling of the eight or nine paintings I've done so far.



Blue Cat on a Chair

Oil on canvas

By Katalin Roth, M.D., J.D.

*Associate Professor of Medicine,
Director of the Division of Geriatrics
and Palliative Medicine*



Ballerina and the Whale

"This painting is about harnessing your dreams, no matter how small you are".

By Aileen Chang, M.D.

Assistant Professor of Medicine

Winter Blues

Opposite Page •

"An acrylic-based canvas painting capturing one of a series of four seasons."

By Tanuka Datta, M.D.

2nd Year Resident



100
2017

Mr. Finn

By Mihir Patel, M.D., M.S.

Assistant Professor of Medicine

Mr. Finn was one of the first patients I saw regularly and developed a relationship with. I inherited him from a previous physician who was leaving GW to pursue other opportunities. My predecessor spoke to me directly about Mr. Finn before leaving as he had several complicated chronic medical conditions.

Because of his health, he would see me every two months. We would discuss some of his complaints — pains, symptoms, fatigue. Many times, however, the discussion turned to politics or current events. “What do you think about the change with Cuba?” he asked me, on the day the Obama administration announced the change in policy. Other times, he would discuss local politics, talk about his neighborhood and the local association he headed and the negotiations involved with other community organizations.

For the next couple of years, we would continue to see each other every few months, trying to fend off his declining health. Sometimes we did this by ordering more tests to figure out the cause of his symptoms, while at other times we preferred being conservative and letting things go. I remember him asking me a few times, “Am I dying?” My answers started off as, “No, I don’t think so,” and progressed to “I’m not sure” to eventually, “I think so.” This last answer led to discussions about how many years of life he had left.

Mr. Finn eventually had a fall resulting in a hip fracture and he ended up having hip surgery. He never really recovered from the surgery, declining physically and cognitively after this. His family and I decided to bring him home, trying to stimulate some increase in energy and a

return of his vibrant personality; unfortunately, this was not successful. I made a rare house visit to his apartment and discussed his grim prognosis with Mr. Finn, his brother, and his significant other. He ended up passing away a week later with all of his friends by his side.

When reflecting on my visits with him, I always remember how excited he was to be seen by students that were working with me. He truly enjoyed being around their youthful energy and inquisitiveness. My students enjoyed seeing him also, as they navigated his complicated medical history to explain his current symptoms. Mr. Finn had the resources and options to go anywhere for his care, which he would discuss with his family. He always came to the same conclusion, “Why would I go anywhere else? Here, I have students, residents, and faculty trying to figure out what’s going on with me. Three heads together are better than one, and you never know where a good idea is going to come from.”

By letting them into his life in the way he did, Mr. Finn was one of the best teachers my students had. Similarly, I feel a number of patients enjoy the time, thoroughness, and empathy our students often pour into their patient encounters. As I often get frustrated with logistics, administrative tasks, and time involved in primary care, I try to reflect on Mr. Finn’s upbeat personality and positive attitude. Even though he felt lucky to be at GW, I feel we are the privileged ones to be able to learn about medicine and life from patients like him.■

***Names in this piece were changed for patient privacy*

Nana

By Anokhi Shah, M.D.

2nd Year Resident



This is my 89-year-old grandfather; we call him Nana (Nah-nuh). In 1956, he came to this country with a new wife, three kids, two pairs of pants, \$10 in his pocket, and the burden of discrimination. He worked multiple, labor-intensive jobs to provide for his family while earning a pharmaceutical Ph.D.

During his career with Ciba-Geigy, now known as Novartis, he was involved in the development of many landmark medications, such as Tegretol, Lopressor, Voltaren, Ritalin, Ludiomil, sustained-release formulation of potassium tablets, and more. His most memorable project was creating banana-flavored coating of tablets for experimental monkeys that were sent into outer space.

Nana's expertise was not limited to the laboratory. His wit earned him an appearance on a game show, when he proposed a twist to the usual ending on "To Tell the Truth." His real fame was at home; the family motto was "If you break it, Nana will fix it." He transformed the backyard into a personal grocery store — there were peach trees, apple trees, and even a watermelon grove. He grew tomatoes, green peppers, eggplant, jalapenos, mint, and the largest cucumbers I've ever seen. Nana accomplished every goal he's set, not without hardship, and always with his family in mind. He kept moving forward because of the passion and love in his heart.

As I lift a finger to order an Uber while enjoying freshly washed, sliced, and home-delivered fruit, I think about my daily conveniences that were made possible by the hard work and innovation of people like my grandfather. There are times I feel stressed, when I feel the urge to complain about my hardships. What would Nana say? Keep working, keep striving, show only kindness, care for your family; have a commitment to these goals, and there will always be light at the end of — and throughout — the tunnel. ■

An Accidental Find

By Vani Pyda, M.D.

3rd Year Resident

The night of Halloween 2009, my roommate, Anna, and I planned to go to a house party hosted by our honors fraternity. Our dorm stood at the summit of Old South Mountain. Our destination was far down in the valley of offcampus housing, mini-marts, and remnants of the old Bethlehem Steel factory that used to be so prominent in our small Pennsylvania college town.

I dressed as a toucan. The yellow-orange beak hung around my neck because wearing it for more than a few minutes at a time felt like suffocating. Anna had decided to dress up as Luke Danes from the TV show *Gilmore Girls*, sporting a flannel shirt and backwards baseball cap. We left our building beaming.

Five minutes into our familiar walk down to the center of campus, we realized we left half an hour too soon. It was decidedly humiliating to arrive that early, so we took a new path that led away from campus and into the mountain greenery. Anna and I joked to each other about what sort of costumes we would see, and gossiped about our fraternity members and choir rehearsals. We had lost track of our location when we saw something shining in the moonlight in the distance off the path. We talked excitedly about investigating and headed over. When we finally approached the

object, we were speechless.

Before us, we saw a large clearing of trees full of metal scraps, broken machinery. Tattered equipment was scattered all over, but the ground was somehow immaculate. Not a stone or stick in sight. And the moon shined directly over this spot, lighting up whatever bit of metal or mirror open to the sky. It is legend that elderly or sick elephants that recognize that death is close leave their herd to die alone. They do so in order to protect their herd from the grief of losing a loved one, a distraction that could put the whole herd in danger. It is also legend that herds visit these elephant graveyards to mourn the loss of their ancestors, among bones of the dead. And with mourning comes recognition and memory of lost lives.

We, as two transient Bethlehem residents dressed in costumes, had stumbled on the secret bones of this town. What were these things, in their prime? Who owned them? Who operated them? Were they placed here for commemoration, or were they sent here in despair? Did they once stand tall and intact, nature and strangers like us wearing down on them with time? Anna and I sat down in the moonlight and tried to absorb what we saw in front of us.

Eventually, we dusted ourselves off and went back the way we came, to follow the paths we knew. We made it to the Halloween party. I'm

sure it was fun, but I don't remember it at all. From that night, I only remember Bethlehem's graveyard and the memories that its bones have passed on to me.■

Developing the Right Side of My Brain: Confessions of a Half-Assed Tenor

By Robert "Bob" Jayes, M.D.

Associate Professor of Medicine, Division of Geriatrics and Palliative Medicine



I couldn't decide on whether to choose medicine or psychiatry, so I had a full set of interviews for both fields. At New York Hospital's psychiatry program, my last interview of the day was with a bearded psychoanalyst. I remember the cramped but cozy space of an urban waiting room: three

chairs and a 1980s-era white noise machine to mask the city's sounds. My bearded interviewer skillfully asked questions about why I could see myself in a career deeply probing the minds of patients. In less than an hour, he managed to elicit a previously unconscious wish. I heard myself say, to my surprise, "I'd like to learn to sing."

Singing was a big step away from my younger self. In my youth, I took a somewhat distant and analytic view of human emotions. I had not yet learned the value of hope, illusion, and myth in living a full life. I left the office stunned by the revelation of this hidden wish. There were tears in my eyes as I crossed Lexington Avenue on my journey home.

Fifteen years later, after choosing medicine — which I learned was mostly psychiatry after all — I was married with a young son. His bedtime routine was a lullaby tape that I sang along to. Eventually I could do it without the tape, for him, and for our next child — I was now on my way to singing.

In another 10 years, 20 years after that fateful interview, my eldest son was now taking guitar lessons. At his first recital, one adult student was playing guitar and singing a tune from Cat Stevens. I thought, "I could do that too!" I signed up for lessons and started on a very steep learning curve. I was amazed by basic pointers from my teacher, such as "You can sing better standing up." Eventually I had my

own recitals, playing guitar and singing songs from Dylan, Springsteen, Cliff Eberhard, and the Beatles. I learned to press ahead regardless of any mistakes, and to put my own feelings into my singing.

I began to develop a persona when behind the guitar which can be heard in the attached recordings of "Wild Billy's Circus Story" by Springsteen and "Have a Little Heart" by Cliff Eberhart. Behind the guitar, I became a man who, as the John Gorka song says, "grew up beneath these trees, not far from the refineries." I would consider trying to love again, despite having suffered a broken heart. This persona contrasts with my real self: happily married, economically secure, and no refineries anywhere near where I grew up.

A few years ago, I was moved by hearing how the harmonies of a choir could impact listeners in a way that an individual singer could not. I joined The Jubilee Singers at All Souls Unitarian, a gospel choir at my church. We sing songs of healing, celebration, and justice, many from the African American tradition, sometimes a cappella. I found the rhythms challenging, but found I could make an important contribution in the tenor section. I am the tall white guy in the back row, sometimes swaying in the opposite direction from everyone else. For the past two years, I have been the choir's president.

After a few years with the choir, I longed to be

a soloist. My strategy was to practice the solo parts I liked, and then jump in and do them during choir practice when the soloist was out. This past fall, my big chance came. Our tenor soloist was away helping the Democrats in North Carolina, and the choir needed someone to sing the solo part of "Faith," a raucous gospel song by Richard Smallwood. Going way outside my comfort zone, I gave it a try, and it went fairly well. I got to do it in our choir's engagement as part of "The Christians" play at Theater J this December, where we played the church's choir for a Saturday night performance. I ran through the song in my head, in the shower, and in practice over 100 times, and I was ready.

I gave a spirited performance that sounded like the lead singer of Steely Dan preaching like Elmer Gantry in front of a 200-member audience sprinkled with family and friends. The syncopated rhythm was a challenge, but I remembered all the words! My 89-year-old father captured it on video before the stage manager had a chance to reprimand him for recording in the theater.

Thinking back to that fateful psychiatry residency interview, I recall having one other hidden wish revealed that remained unspoken: I'd like to dance! My next project will be learning ballroom dancing. It is bound to help my rhythm!■

Confront the Coward

By Nishaki Mehta, M.D. '10, RESD '13

Brigham and Women's Hospital, Boston, Massachusetts

Disclaimer - This incident made me react viscerally. I hope more people read, talk, and share their experiences on groping, which affects all of us in India.

I have been an expat for the last decade, and every time I read articles about women molested in my country, I am disappointed and angry; then as time passes, I forget. Yes, I forget. It is shameful. But the mass molestation that took place in Bangalore on New Year's Eve 2016 was different – owing to a recent conversation with one of my best friends.

We both grew up in Mumbai and randomly happened to discuss what took place so near to our hometown. These groping incidents occur frequently in the metropolitan areas. As she would use public transport to go to school and back, she was often accosted by men who would squeeze in close proximity to get closer to her breasts and once was faced by a man flashing his penis in a crowded bus with no seating available. This is oft a fertile environment for an unscrupulous character, a place where people are inevitably huddled close to each other. My friend spoke about how these experiences mortified her, and she would try to stage a hasty exit. She was overwhelmingly embarrassed and felt culpable for her body. She would look away, slink to a corner, or try to get off the bus. Also a fellow expat, she is now thankful not to have so many close encounters; it is rare to be in such jam-packed area here, although there is certainly no dearth of slimy characters anywhere in the world.

When she relayed her self-emolliating sentiments, it revved up a repressed childhood memory. I was a young adolescent, maybe 11

years old, traveling with my family on one of our vacation tours. We were in an overnight bus and were exhausted after a long day. There was a young couple on their honeymoon, and I recall the young bride's red bangles clinking away pleasantly as we boarded the bus. Her face beamed with pride, and they whispered sweet nothings in the row behind mine. Love was in the air.

The bus was relatively empty and each of us relocated to have the row to ourselves. As the night went on, I leaned against the side of my seat towards the window and fell into a deep slumber. I woke up to a sensation over my breast – it felt like a human touch, but how could that possibly be? I was dreaming, right? I dismissed it as a gust of wind against my salwar kameez. I tried to drift back to sleep again, but struggled. I entered a reverie of thoughts on high school and friends. Until it happened again. I felt the same sensation hovering over my breast. Instinctively I reached out, and actually held a hairy hand for a brief second before releasing it with a sense of shock. I traced the origin of this hand to the back row and saw the sleazy honeymooner who was in the row behind mine. He had craftily slid his hand through the narrow gap between the seat and the side of the bus. He acted like he was asleep.

***She was
overwhelmingly
embarrassed and
felt culpable for
her body.***

I sat up with a bolt and felt perspiration line my temple. I couldn't sleep anymore and turned beet red with shame. Twenty minutes later, the bus stopped for a restroom break. One look at me, and my mother could tell something was wrong. It didn't take much for me to break down and tell her what happened. She pulled me by my arm, and we waited outside the men's restroom until the offender walked out whistling. She faced him in the flickering dim lights without care for who was listening and spoke very sternly. "You will NOT touch my daughter again – do you understand?" I expected him to say something, anything – yell at her, outright deny what transpired, point a finger

at me, even hurt her. Seconds elapsed like years. I was shocked. Contrary to everything I imagined, he couldn't look us in the eye. Instead, he shamefully slinked away into the shadows, retreating to the rear end of the bus. That was the last time I saw the man who groped me for the first time. That incident molded my strategy on how to deal with this cohort of desperados. But I only realized that I had learnt this conduct by example when I spoke with my best friend 20 years later. When my mother spoke to this man, I was initially aghast and kicked my innards for having told her. Once I saw what happened next, I realized that it was not my mistake. It was not my fault this stranger tried to touch me. He alone is responsible. And guess what — they are all terrified as they try to indulge in cheap sexual pleasures while banking on young women's insecurities not to expose their dirty tricks.

If they are brought out in the open, they are likely to retreat in the corner like a wolf when confronted by a lion. It doesn't take a handgun, a stick or a mob, but a stern gaze and a loud and clear voice to bring their acts out in the open. I don't speak from an isolated incident because I encountered this clan while traveling on the bus, train, and rickshaw on several occasions. Unfortunately, like most of us do. Every time one of them tries to get too close, I look them in the eye without batting an eyelid, raise my voice, and directly ask them, "WHAT ARE YOU DOING?"

Keep it short. Ring it simple, and leave no room for misunderstanding. Sometimes using English terrifies them a tad more. Openly confronting them works. Every time. Better than any self-defense course. And each time I visit home, I try to sneak a ride on the bus to see if I witness such an incident. Now, I see these rides as an opportunity to scare these scumbags. Hopefully, I will inspire another passenger to raise her voice. I emulated my mother. Someday, another girl will learn from seeing me or by reading this account. I promise you — give it a try. If no one on the bus stands up for you, remember it is the guilt of these criminals that will bring them down. Confront the coward.

It is really not our fault that we have breasts — these are not meant for groping from the unwanted. But when it happens, for it sadly will happen to many of us, we must remember that we are NOT responsible or guilty. It is time to speak up and accost these perpetrators who mar our confidence and self-esteem every single day. My friend shared how she self-learned this technique at the age of 30. I hope more of us write or discuss our experience. We must help our younger sisters be better equipped to deal with these encounters, without having to acquire these skills after years of humiliation by trial and error. ■



Spontaneous Snowball Fight:

The Simple Joys of Living

By Natasha Ang, M.D., RESD '14

Assistant Clinical Professor of Medicine



2017 Cuentos Editorial Team

From left: Maram Alkhatib, M.D., Faculty Co-advisor; Katalin Roth, M.D., J.D., Faculty Co-advisor; Sivateja Mandava, M.D., 2nd Year Resident; Tushina Jain, M.D., 2nd Year Resident; Talia Bernal, M.D., 2nd Year Resident; Lauren Choi, M.D, 2nd Year Resident; Seemal Awan, M.D., 1st Year Resident; Ralph Linwood Millet, M.D., 2nd Year Resident; Faryal Osman, M.D., 3rd Year Resident; Vani Pyda, M.D, 3rd Year Resident.

Thank You for Your Support

The staff and contributors of Cuentos are especially grateful for the generous financial support from the Department of medicine as well as from the following:

- Ms. Kathryn M. Braeman
- Letitia Carlson, M.D.
- Edwards J Galbavy, M.D.
- Harriet Granger Gordon, M.D.
- Ms. Shirley Jarecki
- Robert L.Jayes, M.D.
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- Ms. Ruth Stuart
- Ms. Carrie Tilley
- Mrs. Chong OK Tseng
- Ginger Winston, M.D.
- The Office of Development and Alumni Relations at the George Washington (GW) School of Medicine and Health Sciences (SMHS)
- The George Washington University Hospital

Special thanks to GW SMHS Office of Communications and Marketing for their continued support, providing the project management of Cuentos.

Please consider showing your financial support by making a tax-deductible donation via the enclosed envelope or at go.gwu.edu/SupportCuentos

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CUENTOS

A COLLECTION OF ART FROM THE INTERNAL
MEDICINE RESIDENTS AND ATTENDING AT GW